



Varnum Public Schools Impact Aid Survey Form



Survey Date: 10/19/2021

This information is the basis for payment to your school district of federal funds under the Impact Aid Program (Title VII of the Elementary and Secondary Education Act) and may be provided to the U.S. Department of Education if the school district's application for payment is audited. This form must be signed and dated for the school district to receive funds based on this information. All boxes must be filled in with complete information, if applicable.

STUDENT INFORMATION

Student's Last Name	First Name and M.I.	Date of Birth	Grade	School Name	
Home Address (No P.O. Boxes)		City		State	Zip Code

Do you live on federal property? If yes, then please complete below...

- On Restricted Indian Land
- On Indian Trust Land
- In a Seminole/Creek Tribal Housing Authority Home or Property
- On "Other" Federal Property (such as Low Rent Housing) Name/address of the property:

Name	Address
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If you live on federal property, do you also work on Federal Property? Yes___No___

Do you or your spouse work on federal property? If yes, please complete below...

Were any parents/guardians with whom the student lives employed at (or did they report to work at):

<input type="checkbox"/> Seminole Nation Housing Authority	<input type="checkbox"/> Chickasaw Nation Tribal Headquarters
<input type="checkbox"/> Seminole Nation Tribal Complex	<input type="checkbox"/> Sac & Fox Nation
<input type="checkbox"/> Creek Nation Community Hospital	<input type="checkbox"/> Seminole Nation Child Develop. Center
<input type="checkbox"/> Seminole Nation Travel Plaza/Casino	<input type="checkbox"/> Firelake Grand Casino
<input type="checkbox"/> Citizen Potawatomie Enterprise	<input type="checkbox"/> Seminole Nation BCR Commission
<input type="checkbox"/> Wewoka Indian Health Services	<input type="checkbox"/> Carl Albert Indian Hospital (Ada)
<input type="checkbox"/> Absentee Shawnee Enterprises	<input type="checkbox"/> Bureau of Indian Affairs
<input type="checkbox"/> Tinker Air Force Base	<input type="checkbox"/> Sac & Fox Casino
<input type="checkbox"/> Mekusukey Mission	<input type="checkbox"/> Seminole Nation Rivermist Casino

If you worked on federal property not listed above, please list the name and address of the work site employer:

If any of the items above are checked, please indicate which parent/guardian worked where:

Parent/Guardian #1 _____ Work Site _____

Parent/Guardian #2 _____ Work Site _____

Is any parent/guardian (even non-custodial parents) on active duty in the Uniformed Services (Military)?

Yes___ No___ If yes, please provide name, rank, and branch of service:

Name	Rank	Branch of Service
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Parent/Guardian Signature	Date
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